As Hypertension begins its 38th year, the current editorial team, led by Editor-in-Chief Prof. Anna F. Dominiczak and Deputy Editor Prof. Rhian M. Touyz, begins their second 5-year term at the helm of this prestigious Journal. The editors appreciate the time and effort our many readers have spent reviewing manuscripts, submitting the best research to Hypertension, and providing feedback that has improved the Journal. Thank you for the commitment and energy.

Although the publishing landscape has changed over the past 5 years, the goals for Hypertension, an American Heart Association (AHA) Journal, remain largely the same. The editorial team continues working on (1) publishing the highest quality original basic, clinical, and population research relating to hypertension, (2) increasing the readership and scientific importance of Hypertension, (3) providing fair and quick reviews for submitted manuscripts followed by rapid publication of all accepted articles, and (4) serving well the international community of hypertension researchers and practitioners while being an important vehicle for achieving the mission of the AHA. On behalf of the entire editorial team, it is with pleasure that we share with you a few key highlights from the past 12 months and also provide a glimpse of what you may expect from the Journal in 2017.

Top Papers Published in Hypertension
Each June, Hypertension editors select the top 1 or 2 articles in each of 3 categories, basic science, clinical science, population science, published in the Journal throughout the previous calendar year. All six 2015 Top Paper Award articles,1–6 published in 2015 and selected in 2016, were highly accessed by readers and clearly novel and have important clinical implications. The 2015 award winning articles span a wide variety of topics. Those topics include insomnia with physiological hyperarousal, cardiac inflammation and fibrosis, mineralocorticoid receptor antagonism, a meta-analysis of current diuretics, intensive blood pressure lowering in diabetic patients, and low diastolic blood pressure as a potential risk factor for recurrent cardiovascular events.

This year for the first time, corresponding authors of each selected Top Paper were not only invited to attend the Council on Hypertension 2016 Scientific Sessions to accept the award in person, but also had the opportunity to discuss the novelty and clinical implications of their work in front of the camera. The short interviews filmed in Orlando during the AHA Council on Hypertension annual conference are available on the AHA Science News YouTube channel (https://www.youtube.com/user/AHAScienceNews).

Clinical–Pathological Conferences
Conducting a Clinical–Pathological Conference (CPC) at the European Society of Hypertension annual meeting has become a regular event for Hypertension. Again in 2016, 2 cases were presented. Dr David Calvet (Paris) presented an interesting case about ischemic stroke risk in a patient with carotid artery stenosis, and Dr Laurence Amar (Paris) led the international audience through the discussion of a patient with primary aldosteronism but discordant hormonal and computed tomographic findings.

This relatively new feature for Hypertension has proven sufficiently popular to warrant expansion to 2 additional conferences in 2016. Two CPC cases were presented for the first time at the AHA Council on Hypertension annual conference held in Orlando, FL, United States, 14 to 17 September. Also in September, the International Society of Hypertension held its biennial conference in Seoul, South Korea. This was an excellent opportunity for Hypertension to conduct yet another CPC session with local presenters and a global audience discussing 2 difficult cases.

The videos for all 6 CPC cases filmed in 2016 are available on the Hypertension website; accompanying manuscripts will be published in future issues of the Journal.

Guidelines
Early in 2016, we invited many regional hypertension societies to contribute to a guidelines debate series with the goal of bringing opinions and comments of key leaders involved in regional and international hypertension guidelines to the hypertension community. Researchers representing Hypertension Canada, Latin American Society of Hypertension, International Society of Hypertension, and European Society of Hypertension shared their opinions on the challenges faced by guideline writers and clinicians referring to guidelines in their daily practice.7–10 We look forward to learning how experts across the globe address the difficult questions and concerns discussed in this series and facing clinicians today when the next iteration of guidelines is released over the next few years.

Coming in 2017
As part of our ongoing effort to improve the author experience with Hypertension, the Journal will feature a streamlined submission process early in 2017. Although there will
be a few visual and functional changes to the online submission form, the primary change will be a reduction in the amount of information required to submit an article for peer review.

There will be multiple opportunities for hypertension researchers to participate in Journal-sponsored CPC case presentations and discussions in 2017. As each CPC case discussion is not only filmed but also transformed into an article, each audience member significantly contributing to the discussion has an opportunity to be a coauthor of the CPC article. The first opportunity to participate in a CPC will be in Milan at the 27th European Congress on Hypertension and Cardiovascular Protection in June, and later in the year, there will be another opportunity in San Francisco at the AHA Council on Hypertension 2017 Scientific Sessions.

In summary, your Journal is thriving, and the editorial team is poised to deliver the best possible science in the next 5 years. We look forward to publishing the all-important hypertension guidelines, and we are also looking forward to receiving your best articles in basic, clinical, and population research. Among these, we would be particularly interested to publish on recent advances in precision medicine because this theme grows in significance in the United States and worldwide.

**Disclosures**

None.

**References**


